

Docket: 2789 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Mark Roby

Examiner:

Michener, Jennifer K.

Group Art Unit: 1762

Serial No:

09/965,872

Filed: September 28, 2001

For:

Plasma Coated Sutures

CERTIFICATE OF MAILING

Date of Deposit: October 13, 2006

I hereby certify that the following:

[x] This Certificate of Mailing

- [x] Request for Continued Examination (RCE) Transmittal
- [x] Petition for Extension of Time under 37 CFR 1.136(a)
- [x] Previously submitted Amendment dated September 13, 2006
- [x] Return postcard

are being deposited with the United States Postal Service first-class mail on the Date of Deposit indicated above in an envelope addressed to the Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Rebecca Layman

United States Surgical, a division of TYCO HEALTHCARE GROUP LP 195 McDermott Road North Haven, CT 06473 203-492-8236 OCT 18 700R

Atty. Docket No: 2789 (203-3054)

N THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S):

Mark S. Roby

EXAMINER:

Jennifer K. Michener

SERIAL NO.:

09/965.872

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Art Unit 1762

FILED:

September 28, 2001

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TITLE:

PLASMA COATED SUTURES

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY			SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	Γ	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDL. FEE	OR	RATE	ADDL. FEE
TOTAL	* 17	MINUS	** 29	= 0	x 25=	\$		x 50=	\$
INDEP	. * 2	MINUS	*** 3	= 0	x 100=	\$	OR	x 200=	\$
					x 180=	\$		x 360=	\$
☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						\$ 0.00		TOTAL	\$ 0.00

* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.

*** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 450 on the date shown below.

Dated: September 13, 2006

, Ц	Please charge Deposit Account No. <u>21-0550</u> in the amount of \$\tag{2}\$. Two (2) copies of this sheet are enclosed						
	A check in the amount of \$ is enclosed.						
\boxtimes	Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefore TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.						

Respectfully submitted,

Michael R. Brew Reg. No. 43,513

Attorney for Applicant(s)

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MRB/nr